IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP APPLICATION FOR **AGRICULTURAL LIMING MATERIAL LICENSE**

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Company name an	d address:			
			-	
<u> </u>				
Total Number of Ma	anufacturing Facilitie	s (25.00 for each)):	
List all facility location	ons from which agricult	ural lime is sold in	the State of Iowa.	Use additional sheets if necessary.
1. Facility Name:				
City:		State:		
Township:			Secti	on:
2. Facility Name:				
Facility Address:				
City:		State:		
County Number:	County Name:			
Township:			Secti	on:
3. Facility Name:				
Facility Address:				
City:		State:		
County Number:	County Name:			
Township:			Secti	on:
4. Facility Name:				
Facility Address:				
City:		State:		
County Number:	County Name:			
Township:			Secti	on:
5. Facility Name:				
Facility Address:				
County Number:	County Name:			
Township:			Secti	on: